

NEBA Life Insurance

Authorization for Payroll Deduction

To obtain NASA Employee Benefit Association (NEBA) life insurance coverage, (1) you must have an approved life insurance application on file with your Center's NEBA Chapter, and (2) you must submit this payroll deduction authorization. Your coverage will begin upon the insurance carrier's receipt of your first payroll deduction.

To be completed by employee. Please type or print in ink.			
Employee Name	SSN	Birth date Month---Day---Year	Date submitted

I authorize biweekly payments through payroll deductions for the NEBA life insurance coverage identified below. Please check the desired coverage.

Basic

***NOTE:** Children 14 days to 19 years old are covered free. Children 14 days to 6 months old: \$500; 6 months to 19 years: \$5,000 .

Spouse

Optional - Please circle the desired amount and indicate whether you are a smoker or nonsmoker.

1. \$25,000 2. \$50,000 3. \$75,000 4. \$100,000 5. \$125,000

6. \$150,000 7. \$175,000 8. \$200,000 9. \$225,000 10. \$250,000

Smoker

Nonsmoker

A smoker is a person who has smoked one or more cigarettes in the last 12 months.

Employee Signature _____ Mail Code _____ Extension _____

To be completed by the NEBA Chapter

This application has been approved for the following coverage:

☐ Basic ☐ Spouse ☐ Optional

☐ S/Smoker ☐ N/Nonsmoker

Payroll deductions should start the pay period beginning: _____

Approval _____ Date _____
NEBA Chapter Officer

BIWEEKLY PAYROLL DEDUCTION AMOUNT

<u>ANNUAL EARNINGS</u>	<u>BASIC DEDUCTION</u>									
	<u>BASIC COVERAGE</u>	<u>UND 35</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59*</u>	<u>60-64*</u>	<u>65-69*</u>	<u>70+*</u>
UNDER \$14,000	\$26,250	\$0.81	\$1.01	\$1.62	\$2.42	\$3.84	\$4.44	\$5.25	\$6.06	\$8.08
\$14,000 TO \$16,000	\$30,000	\$0.92	\$1.15	\$1.85	\$2.77	\$4.38	\$5.08	\$6.00	\$6.92	\$9.23
\$16,000 TO \$18,000	\$34,000	\$1.05	\$1.31	\$2.09	\$3.14	\$4.97	\$5.75	\$6.80	\$7.85	\$10.46
\$18,000 TO \$20,000	\$38,000	\$1.17	\$1.46	\$2.34	\$3.51	\$5.55	\$6.43	\$7.60	\$8.77	\$11.69
\$20,000 TO \$22,000	\$42,000	\$1.29	\$1.62	\$2.58	\$3.88	\$6.14	\$7.11	\$8.40	\$9.69	\$12.92
\$22,000 TO \$25,000	\$47,000	\$1.45	\$1.81	\$2.89	\$4.34	\$6.87	\$7.95	\$9.40	\$10.85	\$14.46
\$25,000 TO \$30,000	\$56,250	\$1.73	\$2.16	\$3.46	\$5.19	\$8.22	\$9.52	\$11.25	\$12.98	\$17.31
\$30,000 TO \$35,000	\$65,625	\$2.02	\$2.52	\$4.04	\$6.06	\$9.59	\$11.11	\$13.12	\$15.14	\$20.19
\$35,000 TO \$40,000	\$75,000	\$2.31	\$2.88	\$4.62	\$6.92	\$10.96	\$12.69	\$15.00	\$17.31	\$23.08
\$40,000 TO \$45,000	\$85,000	\$2.62	\$3.27	\$5.23	\$7.85	\$12.42	\$14.38	\$17.00	\$19.62	\$26.15
\$45,000 TO \$50,000	\$95,000*	\$2.92	\$3.65	\$5.85	\$8.77	\$13.88	\$14.38	\$17.00	\$19.62	\$26.15
\$50,000 & above	\$100,000*	\$3.08	\$3.85	\$6.15	\$9.23	\$14.62	\$14.38	\$17.00	\$19.62	\$26.15

*Maximum amount of insurance at age 55 or over is \$85,000.

BIWEEKLY SPOUSE/CHILD PAYROLL DEDUCTION AMOUNT

<u>ANNUAL EARNINGS</u>	<u>SPOUSE COVERAGE AMOUNT</u>	<u>SPOUSE COVERAGE BIWEEKLY DEDUCTION</u>	<u>CHILD COVERAGE AMOUNT</u>	<u>CHILD COVERAGE BIWEEKLY DEDUCTION</u>
UNDER \$14,000	\$10,000	\$0.92	\$5,000	NO CHARGE
\$14,000 TO \$20,000	\$15,000	\$1.35	\$5,000	NO CHARGE
\$20,000 TO \$30,000	\$20,000	\$1.77	\$5,000	NO CHARGE
\$30,000 & above	\$25,000	\$2.19	\$5,000	NO CHARGE

OPTIONAL INSURANCE DEDUCTION PER 25,000 OF COVERAGE

	<u>UNDER 35</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65-69</u>
NON-SMOKER	\$0.69	\$0.86	\$1.27	\$2.51	\$4.22	\$7.79	\$15.35	\$23.08
SMOKER	\$0.84	\$1.19	\$1.73	\$3.20	\$5.14	\$11.25	\$23.08	\$34.62

Premiums for NEBA life insurance are paid each pay period for NEBA coverage during the following pay period.